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INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

Buckinghamshire Education
Committee

Annual Report
of the
School Medical Officer for the
Year 1949

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Mr. Chairman, Ladies and Gentlemen,

I have the honour to present a Report on the School Health Services for the year 1949.

The Report follows the same lines as last year, and endeavours to give a complete and comprehensive picture of the service provided by your Committee during the year. There were no major changes in 1949, such as were recorded the previous year following upon the introduction of the National Health Service.

The two main features in the service were, as always, the periodic medical inspection of the children, and the ascertainment and disposal of handicapped pupils. Last year I reported in considerable detail upon the nature of the various categories of handicap, and of the special educational requirements of children affected by them; this year, in order to avoid repetition, I have confined my remarks to a statement of such changes as took place during the year in the provision for handicapped pupils.

The position as regards medical and nursing staff was better than in previous years, though still somewhat inadequate, particularly on account of the larger number of educationally subnormal pupils requiring examination. The shortage of school dentists has become progressively more acute, and in large parts of the County it is impossible to provide a preventive dental service in accordance with your Committee's policy.

It is a pleasure to express my thanks to the members of the Committee for their interest and support; and to all members of the School Health and Education Department staffs, including the school teaching staff, for their unfailing co-operation.

I have the honour to be,

Your obedient Servant,

G. W. H. TOWNSEND,

School Medical Officer.

STAFF 1949

COUNTY MEDICAL OFFICER AND SCHOOL MEDICAL OFFICER.

G. W. H. TOWNSEND, B.A., M.B., B.Ch., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER AND DEPUTY SCHOOL MEDICAL OFFICER.

L. J. BACON, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

ASSISTANT MEDICAL OFFICERS.

W. L. BELL, M.R.C.S., L.R.C.P., D.P.H. (commenced 15/8/49).
H. M. DAVIS, M.D., Ch.B., D.P.H.
F. H. M. DUMMER, M.B., Ch.B., D.P.H. (commenced 1/2/49).
P. M. ELLIOTT, M.D., B.S., D.Obst.R.C.O.G., D.P.H.
T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.
G. M. HOBBS, M.B., Ch.B., D.P.H.
M. C. THURN, M.R.C.S., L.R.C.P., D.P.H. (Part time).
A. J. MUIR, M.B., Ch.B., B.Hy., D.P.H.
M. PERRY, B.A., M.B., B.Ch., D.P.H.
A. W. PRINGLE, B.A., M.B., B.Ch., B.A.O., D.P.H.
J. C. RONALDSON, M.B., Ch.B., D.P.H.
J. T. C. SIMS-ROBERTS, M.B., B.Ch., D.P.H. (Barrister-at-Law).
D. H. WALDRON, M.D., B.Ch., B.A.O., D.P.H., D.T.M. & H.

OPHTHALMIC SURGEONS.

*D. P. CHOYCE, B.Sc., M.B., F.R.C.S., L.R.C.P.
*L. W. DAVIES, M.B., B.S., M.R.C.S., L.R.C.P., D.O.M.S.
*T. S. S. GREGORY, M.B., B.Ch., F.R.C.S., D.O.M.S.
*S. H. G. HUMPHREY, M.R.C.S., L.R.C.P., D.O.M.S.
*V. B. PURVIS, M.B., B.S., D.O., D.O.M.S., R.C.P.S.
C. B. V. TAIT, M.R.C.P., L.R.C.P., D.O.M.S.

*Part-time services made available to the Education Committee by arrangement with the Oxford Regional Hospital Board.

CONSULTANT OTOLOGIST.

A. G. WELLS, F.R.C.S.

DENTAL OFFICERS.

E. KEW, L.D.S., R.F.P.S. (Chief Dental Officer).
E. BLUMENAU, M.D.
E. DEUTSCH, M.D.
M. T. GIBB, L.D.S., R.C.S. (Resigned 17/10/49).
C. H. GRIFFITHS, L.D.S., R.C.S.
L. T. MILNES, L.D.S., R.F.P.S. (Commenced 12/10/49).
J. W. PAUL, L.D.S., R.C.S. (Part-time).
H. M. SHERRY, L.D.S.
J. SMITH, L.D.S.
D. M. THOMSON, L.D.S., R.C.S. (Part-time)
(Commenced 18/9/49).

NURSING STAFF.

School Nurses—64 engaged on Part-time work.
Dental Attendants—10 (including 1 part-time).

CLERICAL STAFF.

Six of the clerks of the Staff of the Public Health Department are engaged wholly or chiefly on the clerical work of the School Health Services.

NUMBER OF CHILDREN ON ROLL.

County Nursery Schools	...	...	...	...	...	...	...	...	...	...	516
County Primary (including Nursery Classes) and Secondary	...	...	...	...	...	...	...	...	...	...	38,749
Modern	...	...	...	...	...	...	...	...	...	...	1,107
County Technical	...	...	...	...	...	...	...	...	...	...	3,594
County Grammar	...	...	...	...	...	...	...	...	...	...	131
Special	...	...	...	...	...	...	...	...	...	...	44,097

MEDICAL INSPECTION.

Periodic Inspection.

The statutory inspections on school entry, on leaving the primary school, and on leaving the secondary school, were continued in the manner described in my last Report. The practice of examining all children of one age group in a single term was continued, the entrants now being examined in the Summer term, the primary school leavers in the Autumn, and the secondary school leavers in the Spring; but whereas it had hitherto been the practice to visit each School Department only once a year, and to re-examine most children with defects requiring observation or treatment after a year's interval, the school medical staff are now asked to visit each department termly as far as possible, and to re-examine children after a term's interval where this is thought medically advisable.

Some children in Grammar schools stay on until age 16 or later and arrangements have been made for these children to be examined at 14 plus, as well as in their last year in school.

Children in Special Schools, and also those in Nursery Schools and Classes, are examined each year.

A proportion of children sit their Secondary School Entrance Examination at 9-plus, and so enter the Grammar schools having missed their examination as primary school leavers: they are examined on entry into the Grammar schools.

Sight-testing at seven years old (rather than on entering school) was continued as it is found to be more reliable than a test at five years old: and it has the useful incidental result that a child found at seven years old to be unable to name his letters can be regarded *prima facie* as "educationally subnormal" and specially examined from this angle.

The numbers of children inspected in the different age-groups are shown in Table I. The number of "leavers" examined (3,005) was substantially more than in 1948 (1515): this resulted from the decision, made in 1948, to examine these children in the Spring rather than the Autumn term.

The number of "other Periodic Inspections" (523) has also increased since 1948 (294), and 1947 (147), owing to the more frequent inspection of Nursery, Grammar and Special School children.

Re-examination.

Children found at periodic inspection to have defects requiring observation or treatment are marked for re-examination after one term or such other interval as is considered medically advisable.

Special Examination.

Children are medically examined as "specials" at the request of parent or teacher whenever a medical officer visits the school for inspection purposes, or by referral to minor ailment clinics where these exist.

RESULTS OF INSPECTION.

The results of inspection, so far as these can be indicated by figures, are shown in Tables I (c), II, III, IV and V.

The number of pupils found to require treatment (otherwise than for dental disease or vermin) is shown in Table I (c). The total number (1,859) represents 16.5 per cent. of the 11,284 children inspected: this figure is to be compared with 13.5 per cent. in 1947, the first year for which this particular form of return had been asked for by the Ministry, and 15.6 per cent. in 1948. Reference to Table II A¹ (which, however, deals with numbers of defects, not numbers of children) will show (column 2) how this figure is made up: defects of vision and nose and throat conditions (of which the great majority are diseased tonsils and/or adenoids) account for half the defects.

It may at first sight appear surprising that 16.5 per cent. of children examined should be found to have defects needing treatment. It is, however, to be remembered that in most cases the defects are slight, representing only a minor deviation from the normal (severe or acute defects are but rarely first discovered at a periodic school medical inspection) and treatment is recommended in order to prevent more serious or permanent disability. Many of the defects would in fact have remained undiscovered and untreated for many years but for these "periodic" inspections, and have manifested themselves in adolescence or later when cure would have been more difficult. The preventive nature of the school health service is also indicated by the fact that as many defects were referred for observation (i.e., for re-examination, repeatedly if necessary) as for treatment.

A more significant measure of *substantial* defect among school-children is the number of "handicapped pupils" needing special education: this is considered later in the Report.

I referred in my last Report to the fact that the classification of children according to their state of "nutrition" had been replaced in 1947 by a classification of their "general condition." The figures for 1949 are comparable only with those for 1947 and 1948—not with previous years:—

"General Condition" of Pupils*

	No. of pupils Inspected	A [Good]		B [Fair]		C [Poor]	
		No.	%	No.	%	No.	%
1947	9,561	1,947	20.36	6,941	72.59	637	7.04
1948	11,018	2,735	24.82	7,735	70.21	548	4.97
1949	11,248	3,185	27.33	7,531	66.74	568	5.03

*See also Table II B.

Such small changes as these figures show, compared with the two previous years, are of little significance, since the terms "good," "fair" and "poor" as applied to the general condition of a child cannot have precise meaning, and it would be unwise to attach importance to comparatively small changes in the figures from year to year.

Records of *growth* (height and weight) of children are maintained in those schools which have weighing-machines, and are a most valuable guide to the examining medical officers. Unfortunately a great many schools are without this necessary apparatus: 71 more schools were provided with machines during 1949, but it was decided to make no further provision in the following financial year. The position at 31st December was that 100 schools, carrying about 13.5 per cent. of the total school population, were without satisfactory weighing machines or ready access to them.

INFECTIOUS DISEASE.

The prevalence of the common infectious and contagious diseases in the schools was again remarkably low in 1949. The following figures relate to children *reported by Head Teachers as absent from school on account of the diseases named:—*

	1948	1949
Diphtheria	1	Nil
Scarlet Fever	126	98
Measles	1,217	600
German Measles	33	69
Whooping-cough	510	122
Poliomyelitis	10	8
Chicken Pox	522	449
Mumps	996	320
Other	74	27
Total	3,489	1,693
% of school population	8.0%	3.8%

Every significant disease was less common in 1949 than in the previous year, the main reductions being in respect of measles, whooping-cough and mumps.

The 51 cases of poliomyelitis occurring in the County included 8 school children, one of whom died.

The complete freedom of school-children from diphtheria is worthy of note. This is the first year in which no case has been recorded, and is the reward of a persistent campaign of immunisation. The year 1949 was the first whole year in which immunisation was the responsibility of the County Council. All school children medically examined as "entrants" are offered the opportunity of immunisation or if previously immunised, of re-immunisation, usually at the time of examination, and further re-immunisation is offered at the second periodic inspection.

The children of school age receiving primary immunisation during the year numbered 324 and 3,166 were re-immunised, mostly at the age of 5—6. On December 31st, 1949, the number of children of school age known to have been immunised at some time during their lives was 37,099 (i.e., 70.4 per cent. of the total children of school age in the County).

MEDICAL TREATMENT.

Minor Ailments.

Fixed clinics with a doctor in attendance are held weekly for the treatment of minor ailments in Slough and High Wycombe. In addition, a nurse is in attendance for a short time each week-day morning at each of the school clinics in the County (i.e., at Slough, High Wycombe, Chesham, Aylesbury, Bletchley and Buckingham) during the school term. The school nurses visit the larger schools informally by arrangement with the Head Teachers for the treatment of minor ailments.

The total number of attendances at Minor Ailment Clinics in 1949 (6,485) was again less than in previous years—owing probably to a number of these conditions being referred to private doctors or hospital outpatient departments under the National Health Service.

Information as to the ailments treated is contained in Table III (Group I). The marked reduction in the number of skin conditions which was noted in 1948 continued last year.

Skin Conditions treated through the School Health Service.

	1947.	1948.	1949.
Total skin conditions—	896	426	300
Ringworm—scalp	13	—	2
„ —body	18	26	19
Scabies	202	51	12
Impetigo	298	207	147

In addition to the decrease in *numbers* of cases of skin-disease treated, there is every indication that the *severity and duration* of these conditions is very much reduced—which indeed is to be expected. Absence from school was reported by Head Teachers on account of impetigo in only 13 cases, scabies in 5 cases, and ringworm in 7 cases.

DEFECTIVE VISION AND SQUINT.

The School Eye Clinics, concerned almost entirely with the provision of glasses for defective vision and squint, were held throughout the year in the school clinics at Slough (3 sessions per week), High Wycombe (2 sessions), Chesham (1 session), Aylesbury (1 session) and Bletchley (approximately 1 per month). There was also an arrangement with Northampton General Hospital for school children from the north of the county to attend their ophthalmic outpatient department once weekly. Except at Slough, where the Ophthalmic Surgeon is employed by the County Education Committee, the medical staff at these clinics are provided by the Regional Hospital Board.

Children requiring treatment for squint are referred to the Orthoptic Departments of the Aylesbury, Northampton, Amersham and High Wycombe hospitals.

The delay in obtaining spectacles, reported last year, remained serious in 1949. It even happened at times that children called for re-examination, to see whether their spectacles required changing, were found not to have received the spectacles originally ordered. However, the position was improving by the end of the year; the delay by then was usually not more than about 3 months, and in cases of urgency priority could be granted.

EAR, NOSE AND THROAT CONDITIONS.

A specialist E.N.T. Clinic provided and staffed by the County Education Committee for school children is held weekly in High Wycombe. In the rest of the County the only provision made is in respect of tonsils and adenoids: occasionally children are referred to hospital for other E.N.T. conditions after consultation with the family doctor but the policy of not referring children directly from the School Health Service for specialist examination or treatment (except in the limited fields in which the Local Education Authority has made contractual arrangements with the Hospitals) is rigidly followed in this County.

As regards tonsils and adenoids, arrangements are in force with various hospitals for children to be examined by specialists and if necessary to undergo operation. The hospitals concerned are the King Edward VII Hospital, Windsor; the Iver, Denham and Langley Cottage Hospital, Iver; the Chalfonts Hospital, Gerrards Cross; the Amersham General Hospital; the Royal Buckinghamshire Hospital, Aylesbury; the Northampton General Hospital; the Cottage Hospital, Buckingham; and the Radcliffe Infirmary, Oxford. In High Wycombe a general practitioner with special experience in tonsil and adenoid operations undertakes this work at the School Clinic during the summer months; six beds are maintained at the Clinic for the purpose.

It is made clear to parents that children are referred for an opinion and not automatically for operation. In fact, however, very few children referred from the School Health Service for a specialist opinion are regarded as not needing operation; which presumably indicates that the school medical staff are at least as conservative as the specialists in their attitude towards these operations. The waiting-period between referral and operation, discussed in my last Report, remained very long in 1949. No operations were performed during the last four months of the year, owing to the prevalence of poliomyelitis, and this, together with the general shortage of hospital beds, resulted in a further increase of cases awaiting tonsil or adenoid operation.

A small proportion of these children who are referred for specialist examination with a view to operation are found, when re-examined a year or more later in school, to have received no treatment and to be no longer in need of operation: for them the delay is perhaps a blessing in disguise. On the other hand, there are children who become progressively deafer, or who suffer recurrent attacks of throat and ear infection with consequent impairment of their general health: for them the delay in operation is a major tragedy. This state of affairs could be remedied if the hospitals could arrange for the children to be seen without delay by the E.N.T. specialist, who would select urgent cases for immediate operation. Unfortunately at present, in some at least of the hospitals in the County, the delay before the child sees the specialist is almost as long as the delay before operation, and there is little evidence that urgent cases—such as deafness—receive prior consideration.

The pressure of work in hospital E.N.T. Out-patient Departments, and the shortage of beds for throat operations, emphasise the need for careful selection in referring children from the schools. Despite much published work, there is still a good deal of disagreement between Medical Officers as to the criteria for recommending operation. The concept of the tonsil as a functioning organ with an important job to do, particularly in the first two years of school life, seems to have gained ground, at least among school medical officers; and much of the local disease commonly and loosely attributed to "tonsils" appears to be due rather to adenoid enlargement associated with nasal catarrh, the latter aggravated by faulty nasal hygiene. The need for tonsillectomy might well be reduced to manageable proportions if parents could be induced to clear out their children's nose first thing in the morning and if adenoidectomy were practised in suitable cases as a preventive measure to save the tonsils. Unfortunately an adenoid operation requires a hospital bed just as much as a tonsil operation: and "Tonsils and Adenoids" have been too long wed to be readily divorced.

Orthopaedic and Postural Defects.

Arrangements are in force with the Wingfield-Morris Orthopaedic Hospital for school-children to attend their Out-Patient Clinics. These clinics are held in Aylesbury (weekly), Buckingham (twice monthly), Chesham (twice monthly), High Wycombe (weekly), Newport Pagnell (twice monthly) and Windsor (weekly). In Beaconsfield the Remedial Exercises Clinic, provided by the Local Education Authority and started

in 1945, continued throughout the year and dealt with 138 children, mainly from the Beaconsfield Schools. This clinic is in the charge of a staff teacher (physical training) with special experience in remedial exercise work, assisted by personnel from the British Red Cross Society. The children are referred and supervised by a Medical Officer of the Education Department; many of the children have definite orthopaedic defects, and in particular a group of asthmatic children were found to benefit greatly from breathing exercises—nevertheless most of the work of the Clinic is that of a specialised “P.T. Class” for the Beaconsfield schools rather than a medical clinic.

In April, 1948, arrangements were made with the Slough Industrial Health Service for children in the Slough area to attend their Physiotherapy Clinic. In 1949, 129 children attended for remedial exercises, U.V.R., etc.

Five hundred and sixty-six children in all received some form of orthopaedic treatment in the County during the year.

Child Guidance.

No provision for this form of treatment was made within the County during the year and “maladjusted” children were referred to neighbouring Counties, mostly to Berkshire. Seventy-five children were so referred in 1949.

Speech Therapy.

A Speech Therapist was appointed towards the end of 1948 and commenced work on January 3rd, 1949. Clinics were held throughout the year weekly in Chesham, twice weekly in Aylesbury, Bletchley and Slough, and thrice weekly in High Wycombe. The total number of children admitted to these clinics was 84, of whom 24 were discharged during the year. The waiting-list by the end of the year was 121, and it was apparent that the need for this form of treatment was greater than could be met by a single therapist.

Verminous Conditions.

In 98,873 inspections, 5,120 pupils (5.2 per cent.) were found to be infested with *head-lice*. This is an improvement upon the corresponding figure (5.8 per cent.) for 1948.

The majority of infested children are girls, among whom the detected incidence is about 9 per cent; this of course is due to their longer hair. It is to be emphasised that the figure 5,120 refers to detected infestations, so that a girl found on three separate occasions during the year to be infested appears three times in the total—in fact, the essential problem is believed to be a relative small number of “chronic offenders,” who maintain a light intermittent infestation among a much larger number of contacts.

The figures are thought to be an under-estimate. A really thorough head-inspection takes at least five minutes and requires special lighting conditions and the aid of a hand-lens. This type of inspection is impossible with the staff available, and the ordinary hygiene inspection almost certainly misses many of the very light infestations; but it should not fail to detect the medium and heavy ones, and it is unlikely that the true incidence is more than at the most 50 per cent. above the detected incidence. The problem is most serious in Slough.

The whole emphasis in this County is upon self-treatment of the entire family in the home. Treatment of the school child without the home contacts is believed to be a waste of time in the majority of cases. Ideally, every detected infestation should lead to a visit to the home: in practice staff is inadequate for this, and instructions for treatment, with an offer of D.D.T. hair-cream, are sent to the parent. A home visit is the rule for every second or subsequent infestation; instructions

are again given verbally and in writing, hair-cream is supplied, and if necessary the treatment is demonstrated. Children are rarely excluded from school.

This procedure, which depends essentially on a good relationship between the School Nurse and the parent, is believed to be achieving far better results than school cleansing; and in no case was prosecution under the Education Act (a most unsatisfactory step) found necessary.

No cases of *body-louse* infestation were reported during the year.

Only five cases of scabies were reported, as compared with 19 in 1948. Here again, self-treatment of the whole family at home is the rule on instructions from the school nurse and with benzyl benzoate emulsion provided by the Authority: this procedure is uniformly successful.

CONVALESCENCE.

Twenty children were sent for convalescence during the year at the expense of the Local Education Authority. These were children who needed convalescence of not more than four weeks' duration following illness or operation. The fares of the children, and if necessary of a parent as escort, were paid in necessitous cases.

REPORT OF SENIOR DENTAL OFFICER.

The shortage of school dentists, to which reference was made last year, due to the unfavourable salaries as compared with private dental practice, became even more serious in 1949.

It is most unfortunate that the salaries of officers in the public dental service have not yet been agreed at national level, as the uncertainty is causing numbers to leave the service and at the same time is having a disastrous effect on the number of dental surgeons offering themselves for vacancies.

Before the inception of the National Health Service Act in 1948, the establishment of County Dental Surgeons was 11 and in December, 1947, there were ten and a half actually employed. In December, 1949, there were only eight Dental Surgeons employed. The employment of whole-time County Dental Surgeons was first instituted in this county in 1930 with three dental officers, and the service gradually improved until 1948. The number of children inspected and treated had gradually increased, and the confidence of children and parents in the scheme also increased, with the result that the preventive aspect of dentistry by regular inspections and early treatment was being developed and willingly accepted. With the decline in the number of dental surgeons available, it is impossible to offer routine inspection and treatment at more than 14-18 monthly intervals instead of the ideal 6 months, with the consequent loss of many teeth and to a degree some loss of confidence in the scheme. Neither has it been possible to extend the offer of treatment to other special classes such as Nursing and Expectant mothers and pre-school children as was envisaged when the comprehensive scheme was established in 1947.

Inspection and Treatment.

In spite of these difficulties over 50 per cent. of the school children received a routine inspection in 1949 and were offered the necessary treatment. The number of children who required treatment was still high (65 per cent.) and the acceptance rate was only slightly below that of the previous year. There was a sharp rise in the number of special cases for emergency treatment with a consequent increase in the number of general anaesthetics given for extraction. In addition to the work done shown in the tables, 66 patients had their teeth X-rayed, 2 received simple orthodontic appliances (regulating plates), 7 partial dentures were provided and 2 silver crowns to protect broken front teeth.

HANDICAPPED PUPILS.

Handicapped pupils are children who by reason of physical or mental handicap need special educational treatment. The duty of ascertaining them falls now upon the Divisional Education Officers and the Divisional School Medical Officers; they are found as a result of school medical inspection or of special medical examination following upon reports from parents, Head Teachers and others. The requirement of earlier years, that the ascertainment of handicapped pupils could be undertaken only by Medical Officers approved by the Ministry of Education for the purpose was relaxed in October, 1949, except as regards educationally subnormal pupils. The duty of providing the necessary special educational treatment falls upon the central office of the County Educational Department.

Special educational treatment may be provided either in the ordinary school or in the child's home, or in a special school which may be day or residential. Special schools require the approval of the Ministry of Education: children may be placed in non-approved schools with the consent of the Ministry in individual cases, which consent is given subject to certain conditions as to inspection of the school and periodic examination of the child.

The Bucks Education Committee provided in 1949 two special schools for educationally subnormal children (vide infra) and they are responsible for the Hospital School at the Canadian Red Cross Hospital at Cliveden. During 1949, 58 children from this County attended the Hospital school, of whom 38 were in the special Juvenile Rheumatism Unit: the average duration of stay in the school was 65 days in the Rheumatism Unit and 30 days for the general unit; the latter was open only from September onwards.

Apart from these, there were no special schools provided by the County and handicapped pupils in need of residential special schooling were placed, so far as vacancies could be obtained, in schools provided by other Authorities or by voluntary or private agencies.

Seven handicapped pupils received home tuition in 1949 and two received tuition in Hospitals (other than the Hospital school).

The Education Authority is empowered to provide special schooling for handicapped pupils from the age of two: the compulsory school-leaving age for children attending special schools is sixteen years.

The numbers of Handicapped pupils are set out in the following Table:—

HANDICAPPED PUPILS.

Category	1948		1949				
	New Cases	No. on Dec. 31	New Cases	No. on Dec. 31	At Special Schools		
					* No.	Admitted during 1949	Discharged during 1949
Blind	5	10	2	12	11	4	1
Partially Sighted ...	2	7	5	11	13	4	1
Deaf	5	19	14	33	20	3	2
Partially Deaf	1	6	2	8	8	3	—
Delicate	16	6	29	21	38	33	21
Diabetic	—	1	3	3	3	2	—
†E.S.N.	58	114	122	211	79	34	9
Epileptic	1	11	1	8	10	—	3
Maladjusted	5	13	9	16	19	10	4
Physically handicapped	9	19	21	31	21	6	5
Speech defectives ...	—	—	—	—	—	—	—
TOTAL ...	102	206	208	354	222	99	46

*i.e. number who attended a special school at any time during 1949

†Educationally Subnormal

The nature of each type of handicap and of the special educational treatment required was described in some detail in my last Annual Report. As reported last year, a Special School for *educationally sub-normal* boys was opened at Wendover in November, 1948. This school, which started to take boarders in September, 1949, has places for 50 pupils—25 day boys and 25 boarders. It accounts for the substantial increase in the number of E.S.N. pupils placed during the year. A similar school for girls will be opened at Knotty Green, Beaconsfield, early in January, 1950.

The opening of these two schools should ease the position considerably as regards high-grade E.S.N. children over the age of eleven. There remains a need to cater for boys and girls of lower intellectual grade over 11 years old (the normal minimum Intelligence Quotient for children admitted to these two schools is 75) and for both high and low grade children under 11 years old.

The improved facilities for placing E.S.N. children naturally led to improved ascertainment during the year; but the number of children certified as E.S.N., (211 at the end of 1949, as compared with 114 a year earlier) is still very far short of the real figure.

In addition to the two part-residential special schools mentioned above there is a day special school for E.S.N. pupils at Priory Road, High Wycombe, taking 20 children aged 6-16; and six schools in various parts of the County have special classes, admitting between them a total of 102 children.

The position as regards admissions and waiting lists of E.S.N. children on 31st December, 1949, was as follows:—

- (i) No. of children awaiting admission to special residential schools:—
 - (a) Boys 57.
 - (b) Girls 23.
- (ii) No. of children awaiting admission to special day schools:—
 - (a) Boys 31.
 - (b) Girls 22.
- (iii) No. of children in special residential schools:—
 - (a) Boys 21 in Wendover House School
9 in Out-county schools.
 - (b) Girls 30 in Knotty Green School (to be admitted 10.1.50).
5 in Out-county schools.
- (iv) No. of children in special day schools:—
 - (a) Boys 22 in Wendover House School.
10 in Priory Road School, High Wycombe.
 - (b) Girls 9 in Priory Road School, High Wycombe.
- (v) No. of children recommended special tuition in ordinary schools:—
 - (a) Boys 34.
 - (b) Girls 16.

Children with *multiple handicaps* were known in Bucks in 1949 as follows:—

- 1 blind and partially deaf child.
- 2 epileptic and educationally subnormal children.
- 6 maladjusted and educationally subnormal children.
- 2 physically defective and speech defective children.
- 4 physically handicapped and educationally subnormal children.
- 1 educationally subnormal and speech defective child.

(Each of these children appears under one, and only one, of the categories in the table on page 12).

There is no doubt that there are more children in the County with combined defects than are shown here. Frequently it is adequate, to secure the special educational treatment the child requires, to classify him as handicapped in only one respect; indeed it is usually an advantage to do so. In particular several of the children with a physical handicap should strictly be classified also as educationally subnormal, but there is no advantage and a potential disadvantage, to the child in doing so.

The *numbers* of handicapped pupils ascertained in 1949 were in nearly all categories greater than in the previous year (see table, page 12). This is due to more thorough ascertainment rather than to higher incidence: the increase is mainly in the E.S.N. children, and is due in this group to the opening of the Special Schools at Wendover House and Knotty Green. It remains true that the numbers ascertained are very much less than the "expected" numbers according to the estimates of the Ministry of Education ("Special Educational Treatment," 1948), and, the reasons for this I discussed at some length in my last year's Report.

THE SCHOOL NURSING SERVICE.

The Superintendent Health Visitor (Miss F. E. Lillywhite) reports:—

School nursing for the most part is undertaken by Health Visitors but in some rural districts continues to be the responsibility of the District Nurse acting as health visitor-school nurse. On December 31st, 1949, there were 35 Health Visitors and 29 District Nurses engaged in school nursing work, of whom 8 held the Health Visitor's certificate.

Hygiene Inspections indicate a good standard of home care throughout the County, but there still remains a small hard core of persistently verminous families.

An interesting observation has been made in one large senior school in a thickly populated area. About 15 girls nearing school leaving age are constantly found with hair heavily nit-infested. Personal teaching and the co-operation of the Head Teacher has no lasting effect, but the younger members of the same families are now presenting a clean head for inspection. This leads to the conclusion that the parents respond to home visits and teaching but exercise little control over the adolescents in the home.

Clothing and foot-wear are satisfactory with few exceptions which can be assisted through the Education Welfare Officer.

Sleep. Concern is still expressed by School Nurses over obvious lack of sleep of many school children, and this subject is particularly stressed when talking to the children and when home visiting. Much home education on bedtimes is still needed, particularly in the summer months.

School Medical Inspection. School Nurses attend all school medical inspections and are responsible for the good organisation of the session, for vision testing, weighing and measuring, presentation of appropriate children for immunisation and for the follow-up of all defects found.

A good deal of preliminary work is done in collaboration with the teaching staff at a visit prior to the scheduled medical inspection sessions. Re-organisation during the year of methods of transfer of records has resulted in a pre school development record being available for the School Medical Officer at the first school inspection of most 5-year-old children.

Clinic work. It is the general practice to teach and encourage parents to treat minor ailments at home and School Nurses report that minor ailments steadily decrease in severity.

They offer the opinion that this is in part due to the fact that parents are more readily seeking early medical advice and in part due to the rapid action of modern drugs.

Whole-time Health Visitors continue to staff Clinics related to the School Health Service. i.e., Ear, Nose and Throat, Minor Ailment, Ophthalmic and Orthopaedic Clinics.

Formal health teaching. With the appointment of a senior whole-time Health Visitor for organisation of health education it has been possible to give more attention this year to parentcraft teaching in some schools but the demand for this instruction from adolescent groups and parent-teacher associations continues to increase.

SCHOOL HYGIENE AND SANITATION.

The hygiene and sanitary condition of the school buildings is not in all cases satisfactory, and nine reports were received during the year from Assistant School Medical Officers or from other sources of conditions regarded as detrimental to health.

Most of these were in the Eton Rural District where a special survey was carried out by the District Sanitary Inspector; they related mainly to inadequate or unsatisfactory sanitary accommodation.

I would again stress the inadequacy of the existing hand-washing facilities in the majority of schools. It is useless to attempt to teach personal hygiene to children in schools where the wash-basins are inadequate or unsuitably placed and there is no hot water available.

SCHOOL MEALS AND MILK.

The provision of meals and milk in schools continued to expand during 1949. I am indebted to the Chief Education Officer for the following information as regards meals:—

On December 31st, 1949, 160 schools or departments were supplying mid-day meals from their own kitchens, 106 received meals from central kitchens, and 18 had no arrangements for the supply of meals.

The daily number of meals supplied (assessed in June of each year) was:—

	1945.	1946.	1947.	1948.	1949.
Primary	9,144	11,655	14,049	16,702	17,967
Secondary	1,075	4,521	5,293	6,029	6,077
Total	10,239	16,176	19,342	22,731	24,044

The following information, for which I am indebted to the Chief Inspector, relates to milk supplied in the schools on December 31st, 1949:—

	Schools.	
	No.	%
Tuberculin Tested Milk	49	17.1
Pasteurised	221	77.2
Accredited	3	1.1
Raw non-designated	13	4.5
No supply	—	—
Total	286	100

The Authority's aim is to supply pasteurised or Tuberculin Tested milk to every school. It is, however difficult to arrange for this in some rural areas, where there is no local T.T. supply available and it is not an economic proposition for town suppliers to distribute pasteurised milk. The percentage of *children* receiving raw non-designated milk was approximately 2 per cent.

The proprietors of independent schools have been offered the opportunity to have their milk-supplies supervised by the Chief Inspector's staff in the same way as maintained schools, and many of them have accepted this offer.

Only one outbreak of gastro-intestinal disease associated with a school canteen was reported during the year. This occurred in June, at the New Bradwell School, where 99 persons out of 220 who took a school dinner suffered from acute diarrhoea. No conclusive evidence was obtained as to which food conveyed the infection or as to the source of contamination. The standard of cleanliness in food preparation in the canteen appeared to be high. It seemed probable that, as is so often the case, the trouble arose from the practice of cooking meat and gravy the day before they are required and of slowly cooling and partially re-heating them the next day.

While this event serves to emphasise the need for constant vigilance in school canteens and kitchens, it is in fact a matter for congratulation that only a single instance occurred in the year, during which over five and a quarter millions of meals were served.

Medical Inspection and Treatment Returns.

Year ended 31st December, 1949.

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS.

Entrants	4,242
Second Age Group	3,514
Third Age Group	3,005
Total	10,761
Number of other Periodic Inspections	523
Grand Total	11,284

B.—OTHER INSPECTIONS

Number of Special Inspections	950
Number of Re-Inspections	2,228
Total	3,178

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	64	763	827
Second Age Group ...	182	501	683
Third Age Group ...	42	194	236
Total (prescribed groups)	288	1,458	1,746
Other Periodic Inspections	41	72	113
Grand Total	329	1,530	1,859

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	DEFECT OR DISEASE.	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS	
		No. OF DEFECTS.		No. OF DEFECTS.	
1.		Requiring Treatment. 2.	Requiring to be kept under Observation but not requiring Treatment. 3.	Requiring Treatment. 4.	Requiring to be kept under Observation but not requiring Treatment. 5.
4. Skin		33	54	3	6
5. Eyes—					
(a) Vision		267	60	37	6
(b) Squint		38	30	4	4
(c) Other		21	31	4	4
6. Ears—					
(a) Hearing		18	31	7	12
(b) Otitis Media		4	18	1	1
(c) Other		19	16	5	4
7. Nose or Throat		612	485	121	75
8. Speech		75	42	26	4
9. Cervical Glands		30	152	8	15
10. Heart & Circulation		9	97	5	19
11. Lungs		34	74	11	15
12. Developmental—					
(a) Hernia		3	9	3	3
(b) Other		5	84	—	4
13. Orthopædic—					
(a) Posture		68	46	13	7
(b) Flat Foot		121	86	17	5
(c) Other		130	117	16	13
14. Nervous System—					
(a) Epilepsy		—	13	—	1
(b) Other		7	30	3	13
15. Psychological—					
(a) Development		59	44	24	8
(b) Stability		10	26	10	12
16. Other		180	139	25	15

**B.—CLASSIFICATION OF THE GENERAL CONDITION OF
PUPILS INSPECTED DURING THE YEAR IN THE
AGE GROUPS.**

Age Groups.	No. of Pupils Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	4,242	1,493	35.45	2,540	59.87	209	4.92
Second Age Group ...	3,514	892	22.22	2,402	68.34	220	6.26
Third Age Group ...	3,005	674	22.41	2,210	73.54	121	4.02
Other Periodic Inspections	523	126	24.09	379	72.44	18	3.44
Total ...	11,284	3,185	27.33	7,531	66.74	568	5.03

TABLE III.

INFESTATION WITH VERMIN.

- (i) Total number of examinations in the schools by the school nurses or other authorised persons 98,873
- (ii) Total number of individual pupils found to be infested ... 5,120
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ... 929
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ... 61

TABLE IV.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness for which see Table III).

	No. of Defects treated or under treatment during the year.
(a) Skin—	
Ringworm—Scalp—	
(i) X-Ray treatment	—
(ii) Other treatment	2
Ringworm—Body	19
Scabies	12
Impetigo	147
Other skin diseases	120
Eye Disease—	
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)	92

	No. of Defects treated or under treatment during the year.
Ear Defects— (Treatment for serious diseases of the ear excluded) ...	89
Miscellaneous— (e.g., minor injuries, bruises, sores, chilblains, etc.) ...	2,504
Total ...	<u>2,985</u>

(b) Total number of attendances at Authority's minor ailment clinics ... 6,485

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I).

	No. of defects dealt with.
Errors of refraction (including squint) ...	2,638
Other defect or disease of the eyes (excluding those recorded in Group I) ...	21
Total ...	<u>2,659</u>

No. of Pupils for whom spectacles were—

(a) Prescribed ...	1,250
(b) Obtained ...	(not known)

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Total number treated.
Received operative treatment—	
(a) for adenoids and chronic tonsilitis ...	717
(b) for other nose and throat conditions ...	1
Received other forms of treatment ...	113
Total ...	<u>831</u>

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools ...	57
(b) No. treated otherwise, e.g., in clinics or out-patient departments ...	566

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of pupils treated—	
(a) under Child Guidance arrangements ...	76
(b) under Speech Therapy arrangements ...	97

TABLE V.—DENTAL INSPECTION AND TREATMENT.

[illegible]

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

	(1) Blind.	(2) Partially sighted.	(3) Deaf.	(4) Partially Deaf.	(5) Delicate.	(6) Physically handicapped.	(7) Educationally sub-normal.	(8) Mal-adjusted.	(9) Epileptic.	TOTAL. 1—9
In the calendar year—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Handicapped Pupils newly placed in Special Schools or Homes	1	4	5	2	30	4	27	8	1	82
B Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	1	5	5	2	29	21	122	9	1	195

	(1) Blind.	(2) Partially sighted.	(3) Deaf.	(4) Partially Deaf.	(5) Delicate.	(6) Physically handicapped.	(7) Educationally sub-normal.	(8) Mal-adjusted.	(9) Epileptic.	TOTAL. 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
C. Number* of Handicapped Pupils from the area—										
(i) attending Special Schools as—										
(a) Day Pupils ...	—	—	—	—	—	—	41	—	—	41
(b) Boarding Pupils ...	9	8	17	7	20	16	35	3	7	122
(ii) Boarded in Homes	—	—	—	—	—	—	—	5	—	5
(iii) attending assisted schools (under approved arrangements)	—	—	1	—	—	1	2	3	—	7
Total (C)	9	8	18	7	20	17	78	11	7	175
D. Number* of Handicapped Pupils from the area requiring places in special schools or Homes but remaining unplaced	3	3	14	1	1	14	133	5	1	175
E. Number* of Handicapped Pupils receiving home tuition (including those also returned in D) ...	—	—	—	—	—	6	—	—	—	6

*On December 1st, 1949.

Number of children reported under Section 57 of the Education Act, 1944:—

Section 57 (3)	26
Section 57 (4)	1

